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CONFIRMATION NO. 2799

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|---|---|-------------------------------|---|---------------------------------------|--------------------------------|
| SERIAL NUMBER 10/795,830 | FILING OR 371(c) DATE 03/08/2004 RULE | CLASS 606 | GROUP ART UNIT 3733 | ATTORNEY DOCKET NO. ZIM0417 | |
| APPLICANTS James E. Grimm, Winona Lake, IN; Shawn E. McGinley, Fort Wayne, IN; | | | | | |
| ** CONTINUING DATA ***** This application is a CIP of 10/325,088 12/20/2002 | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 05/24/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY IN | SHEETS DRAWING 9 | TOTAL CLAIMS 41 | INDEPENDENT CLAIMS 4 |
| ADDRESS John F. Hoffman, Esq. BAKER & DANIELS LLP 111 East Wayne Street, Suite 800 Fort Wayne, IN46802 | | | | | |
| TITLE Navigated orthopaedic guide and method | | | | | |
| FILING FEE RECEIVED 1234 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |